



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <b>03-45</b>	2. STATE  <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2003</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130		7. FEDERAL BUDGET IMPACT: a. FFY 10/01/02 - 9/30/03 \$0 b. FFY 10/01/03 - 9/30/04 \$10 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A, Supplement, Pages 3b-2 and 3b-3, Attachment 3.1-B, Supplement, Pages 3b-2 and 3b-3, Attachment 4.19-B, Pages 3L-1 and 3L-2</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>*All NEW pages</b>	
10. SUBJECT OF AMENDMENT: <b>Personalized Recovery Oriented Services (PROS)</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>New York State Department of Health, Corning Tower, Empire State Plaza, Room 1466 Albany, New York 12237</b>	
13. TYPED NAME: <b>Kathryn Kuhmerker</b>			
14. TITLE: <b>Deputy Commissioner Department of Health</b>			
15. DATE SUBMITTED: <b>September 30, 2003</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>06/03/04</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>NR 01 2004</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Sue Kelly</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS:  <b>New York (03-45) approved: 06/03/04 effective: 04/01/04</b>			

**13 d. Rehabilitative Services**  
**Personalized Recovery Oriented Services**

A comprehensive Personalized Recovery Oriented Services (PROS) program will provide Community Rehabilitation and Support, Intensive Rehabilitation and Ongoing Rehabilitation and Support. A "limited license" will be made available for free-standing Intensive Rehabilitation and Ongoing Rehabilitation and Support programs that are operated by a provider that does not have the capability to offer Community Rehabilitation and Support.

Community Rehabilitation and Support (CRS) is designed to engage and assist individuals in managing their mental illness and in restoring those skills and supports necessary to live successfully in the community. Intensive Rehabilitation (IR) is a customized package of rehabilitation and support services designed to intensely assist an individual in attaining specific life goals such as successful completion of school, attainment of stable and independent housing, and gainful employment. Intensive Rehabilitation services may also be used to provide targeted interventions to reduce the risk of hospitalization, loss of housing, involvement in the criminal justice system, and to help individuals manage their symptoms. Ongoing Rehabilitation and Support (ORS) will provide interventions designed to assist in managing symptoms in an integrated workplace setting.

PROS programs will offer a comprehensive menu of services, customized for each client through development of an individualized recovery plan. Services provided by the CRS component of a PROS program will include but are not limited to: engagement; assessment; wellness self-management; basic living skills training; benefits and financial management; community living skills exploration; crisis intervention; individual recovery planning; information and education regarding self help; and structured skill development and support. Services provided by the IR component of a PROS program will include but are not limited to: family psychoeducation; intensive rehabilitation goal acquisition; clinical counseling and therapy; and intensive relapse prevention. Service provided in the IR component of a "limited license" PROS program will include, but is not limited to, intensive rehabilitation goal acquisition for employment and education-oriented goals. Services provided by the ORS component of a PROS program will include, but are not limited to, vocational support services, defined as the ongoing provision of counseling, mentoring and advocacy services designed to sustain an individual's role in integrated employment by providing supports which assist the individual in symptom management. PROS services will be provided both onsite and offsite, but ORS services will always be provided off-site in the community.

Programs may, at their option, provide clinical treatment services designed to stabilize, ameliorate and control the disabling symptoms of mental illness. Programs that provide clinical treatment services will be reimbursed at a higher rate for the clinic component than programs which do not provide clinical treatment services.

TN **03-45** Approval Date **JUN 03 2004**  
Supersedes TN **New** Effective Date **APR 01 2004**

**OFFICIAL**

Attachment 3.1-A  
Supplement  
Page 3b-3

**13 d. Rehabilitative Services**  
**Personalized Recovery Oriented Services-continued**

The goal of the program is to provide integrated services, but clients can choose to receive services from different service components in more than program. Clients enrolled in a PROS program which provides clinical treatment services will be given free choice as to whether they wish to receive clinical treatment through the PROS program, or receive those services from a clinic licensed under 14 NYCRR Part 587.

Programs will be licensed and reimbursed under criteria set forth in 14 NYCRR Part 512. Staffing requirements will include differing staff to client ratios depending on the component of services the program offers.

TN 03-45 Approval Date JUN 03 2004  
Supersedes TN New Effective Date APR 01 2004

**OFFICIAL**

Attachment 3.1-B  
Supplement  
Page 3b-2

**13 d. Rehabilitative Services**  
**Personalized Recovery Oriented Services**

A comprehensive Personalized Recovery Oriented Services (PROS) program will provide Community Rehabilitation and Support, Intensive Rehabilitation and Ongoing Rehabilitation and Support. A "limited license" will be made available for free-standing Intensive Rehabilitation and Ongoing Rehabilitation and Support programs that are operated by a provider that does not have the capability to offer Community Rehabilitation and Support.

Community Rehabilitation and Support (CRS) is designed to engage and assist individuals in managing their mental illness and in restoring those skills and supports necessary to live successfully in the community. Intensive Rehabilitation (IR) is a customized package of rehabilitation and support services designed to intensely assist an individual in attaining specific life goals such as successful completion of school, attainment of stable and independent housing, and gainful employment. Intensive Rehabilitation services may also be used to provide targeted interventions to reduce the risk of hospitalization, loss of housing, involvement in the criminal justice system, and to help individuals manage their symptoms. Ongoing Rehabilitation and Support (ORS) will provide interventions designed to assist in managing symptoms in a an integrated workplace setting.

PROS programs will offer a comprehensive menu of services, customized for each client through development of an individualized recovery plan. Services provided by the CRS component of a PROS program will include but are not limited to: engagement; assessment; wellness self-management; basic living skills training; benefits and financial management; community living skills exploration; crisis intervention; individual recovery planning; information and education regarding self help; and structured skill development and support. Services provided by the IR component of a PROS program will include but are not limited to: family psychoeducation; intensive rehabilitation goal acquisition; clinical counseling and therapy; and intensive relapse prevention. Service provided in the IR component of a "limited license" PROS program will include, but is not limited to, intensive rehabilitation goal acquisition for employment and education-oriented goals. Services provided by the ORS component of a PROS program will include, but are not limited to, vocational support services, defined as the ongoing provision of counseling, mentoring and advocacy services designed to sustain an individual's role in integrated employment by providing supports which assist the individual in symptom management. PROS services will be provided both onsite and offsite, but ORS services will always be provided off-site in the community.

Programs may, at their option, provide clinical treatment services designed to stabilize, ameliorate and control the disabling symptoms of mental illness. Programs that provide clinical treatment services will be reimbursed at a higher rate for the clinic component than programs which do not provide clinical treatment services.

TN **03-45** Approval Date **JUN 03 2004**  
Supersedes TN **New** Effective Date **APR 01 2004**

**OFFICIAL**

**13 d. Rehabilitative Services**  
**Personalized Recovery Oriented Services-continued**

The goal of the program is to provide integrated services, but clients can choose to receive services from different service components in more than program. Clients enrolled in a PROS program which provides clinical treatment services will also be given free choice as to whether they wish to receive clinical treatment through the PROS program, or receive those services from a clinic licensed under 14 NYCRR Part 587.

Programs will be licensed and reimbursed under criteria set forth in 14 NYCRR Part 512. Staffing requirements will include differing staff to client ratios depending on the component of services the program offers.

TN **03-45** Approval Date **JUN 03 2004**  
Supersedes TN **New** Effective Date **APR 01 2004**

**OFFICIAL**

New York

Attachment 4.19- B

Page 3L-1

TYPE OF SERVICE

Personalized Recovery Oriented Services:  
(PROS)

Community Rehabilitation and Support

Providers will be reimbursed through a regionally based, tiered monthly case payment, based on the number of hours of service provided to the individual and his/her collaterals. PROS programs that offer Clinical Treatment as part of the service package will be reimbursed at a higher rate than programs which do not. Programs which do not provide clinical treatment will be expected to provide clinical linkages. PROS clients will be given free choice as to whether they wish to receive clinical treatment through the PROS. PROS providers will need to abide by certain program and billing restrictions if they currently operate a clinic and/or choose to offer optional clinical treatment services within the PROS.

Intensive Rehabilitation

If the client receives Intensive Rehabilitation from a comprehensive PROS, a regionally based monthly case payment will be paid in addition to the Community Rehabilitation and Support case payment. If the client attends a limited license PROS, an Intensive Rehabilitation case payment will be paid.

Ongoing Rehabilitation and Support

If the client receives Ongoing Rehabilitation and Support from a comprehensive PROS, a regionally based monthly case payment will be paid in addition to the Community Rehabilitation and Support case payment. If the client attends a limited license PROS, the Ongoing Rehabilitation and Support case payment will be paid. A program which bills for Intensive Rehabilitation cannot also bill for Ongoing Rehabilitation and Support.

TN **03-45**

Approval Date **JUN 03 2004**

Supersedes TN **Now**

Effective Date **APR 01 2004**

## Fiscal Derivation

**OFFICIAL**

The fiscal analysis was derived using a proposed fee schedule and OMH utilization assumptions. The analysis uses a phased-in implementation beginning in January 2004.